A Worldwide Study Testing the New Drug Lisaftoclax for Patients with Newly Diagnosed Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (GLORA-2).

Estado	**Tipo de Participantes**	**Rangos de Edad**
Reclutando	No aportado	Mayores de 64 , Adultos (18-64 años)
Género	**Fases**	**Participantes esperados**
Ambos	Fase III	215
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Sin resultados	No	No
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Sin determinar	tratamiento, seguridad, eficacia	NO

Información

Identificador
2024-514084-26-00 (CTIS)

Cod. Protocolo
APG2575CC301

Área terapéutica
·Enfermedades [C] - Cáncer [C04]
·Enfermedades [C] - Hematología [C15]

Enfermedad investigada
Newly Diagnosed Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma

Título Científico
A Global Multicenter, Open Label, Randomized Phase III Confirmatory Study of Lisaftoclax (APG-2575) in Combination with Acalabrutinib versus Immunochemotherapy in Patients with Newly Diagnosed Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (GLORA-2 Study)

Justificación

No aportado

Objetivo Principal

To evaluate the progressionfree survival (PFS) of Lisaftoclax in combination with acalabrutinib versus immunochemotherapy in patients with chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) determinated by Independent Review Committee (IRC).

Variables de Evaluación Primaria

IRC-assessed PFS: The time from randomization to PD or death from any cause, whichever occurs first.

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

Key secondary objective: To compare the PFS of Lisaftoclax in combination with acalabrutinib versus immunochemotherapy in patients with CLL/SLL determinated by investigator assessments.
Other secondary objectives:To compare the overall survival (OS) of Lisaftoclax in combination with acalabrutinib versus immunochemotherapy in patients with CLL/SLL
To compare the efficacy of Lisaftoclax in combination with acalabrutinib versus immunochemotherapy in patients with CLL/SLL including overall response rate (ORR), time to response (TTR), and duration of response (DOR) determinated by IRC and investigators
To compare the efficacy of Lisaftoclax in combination with acalabrutinib versus immunochemotherapy in patients with CLL/SLL as measured by minimal residual disease (MRD) negativity rate in peripheral blood and/or bone marrow.
To evaluate the safety of Lisaftoclax in combination with acalabrutinib versus immunochemotherapy in patients with CLL/SLL.
To evaluate the population pharmacokinetic of Lisaftoclax in combination with acalabrutinib.

Variables de Evaluación Secundaria

Key secondary endpoint: Investigator-assessed PFS: The time from randomization to PD or death from any cause, whichever occurs first.
Other secondary endpoints: OS: The time from randomization to death.
IRC- and investigator-assessed ORR: ORR includes complete response (CR), complete response with incomplete bone marrow recovery (CRi) or partial response (PR). CLL responsewill be assessed according to IWCLL NCI-WG guidelines (2018 Edition), and SLL response will be assessed according to Lugano 2014 criteria for response assessment in lymphoma.
IRC- and investigator-assessed TTR: The interval from randomization to the date of the first confirmed CR, CRi, or

PR.
IRC- and investigator-assessed DOR: The interval from the date of first confirmed CR, CRi or PR to PD, or the start of a new anti-tumor treatment, or death, whichever occurs first.
MRD negativity rate: Proportion of patients with MRD-negative result in bone marrow, peripheral blood, either or both.
Safety and tolerability of patients: Treatment emergent adverse events (TEAEs) and treatment related adverse events (TRAEs) will be evaluated.
Concentration data of Lisaftoclax and critical parameters of population pharmacokinetics.

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

Age 18 years Patients must be able to understand and voluntarily sign a written informed consentthat has been approved by the Ethics Committee (EC) before any screening or study-specific procedure Patients must be willing and able to complete study procedures and follow-up examinations Diagnosed with CLL/SLL based on IWCLL NCI-WG guidelines (2018 Edition) and indicating at least one of the criteria for treatment (see Appendix 14: Treatment Criteria). Measurable disease (peripheral blood lymphocyte 5 × 109/L, or enlargement of lymph nodes (baseline LDi 1.5 cm), or hepatomegaly or splenomegaly caused by CLL/SLL). Eastern Cooperative Oncology Group (ECOG) Performance Status score of 0 to 2 QT interval corrected using the Fridericia's formula (QTcF) on electrocardiogram (ECG): QTcF450 ms in males or 470 ms in females Adequate bone marrow function independent of growth factor support (no growth factor used within 7 days before the first dose of the study drug) and independent of blood transfusion (no whole blood transfusion or blood component transfusion supportive therapy within 7 days before the first dose of the study drug) as follows: Absolute neutrophil count (ANC) 1.0 × 109/L (ANC 0.5 × 109/L specified in patients with bone marrow involvement of CLL/SLL) Platelet count 50 × 109/L; Hemoglobin 8.0 g/dL. Adequate hepatic, renal, and coagulation functions as follows: Aspartate aminotransferase (AST) and alanine aminotransferase (ALT) 3.0 × Upper Limit of Normal (ULN), serum total bilirubin 1.5 × ULN; Serum creatinine 1.5 × ULN. If serum creatinine > 1.5 × ULN, creatinine clearance (CrCL) must be 50 mL/min; International normalized ratio (INR), activated partial thromboplastin time (APTT), and prothrombin time (PT) 1.5 × ULN. Males and females of childbearing potential (only postmenopausal women who have not menstruated for at least 12 months or those surgically sterilized can be considered infertile) and their partners voluntarily take effective contraceptive measures throughout the treatment period and at least 3 months after the last dose of the study drug. Male patients must avoid sperm donation from the first dose of the study drug to three months after the last dose of the study drug. Female patients of childbearing potential have negative serum pregnancy test results within approximately 14 days prior to the first dose of the study drug. If the serum pregnancy test results available are > 7 days from the first dose, urine pregnancy test results before the first dose of the study drug must be negative.

Criterios de Exclusión

Any previous CLL/SLL-specific treatments (excluding corticosteroids for necessary immediate intervention; only a maximum daily equivalent dose of prednisone less than or equal to 20 mg is allowed within 10 days before starting the study treatment). Known to have hypersensitivity to ingredients or analogues of drugs used in the study Pregnant or lactating female patients and patients who are expected to become pregnant during the study period or within 3 months after the last dose. Patients who have history of other active malignant tumor other than CLL/SLL within 3 years before study entry, except for: Adequately treated carcinoma in situ of cervix uteri Completely resected basal cell carcinoma of the skin or localized squamous cell carcinoma of the skin Confinement and resection of previously cured malignancies (or other treatments). Note: If patients stopped antitumor treatment for 3 years and there was no

tumor recurrence for 3 years prior to joining the study, these patients could be enrolled. Malabsorption syndrome or other conditions not suitable for enteral administration. Other clinically significant uncontrolled symptoms, including but not limited to: uncontrolled active systemic infection (virus, bacteria or fungi), known clinically active hepatitis B or C, or HIV infection. Primary active autoimmune and connective tissue diseases, such as active and uncontrolled primary autoimmune cytopenia, including autoimmune hemolytic anemia (AIHA) and primary immune thrombocytopenia (ITP). Any other condition or circumstance that would, at the discretion of the investigator, make the patient unsuitable for the study. TP53 mutation or del (17p). Transformation to invasive Non-Hodgkins lymphoma (e.g., Richters transformation, prolymphocytic leukaemia or diffuse large B-cell lymphoma) or leukaemia involving the central nervous system. If Richters transformation is suspected, PET-CT or biopsy should be performed to rule it out. Use of any of the following treatments within 14 days or 5 half-lives before the first dose of the study drug, or clinically significant adverse reactions/toxicities that are related to previous treatments not recovered to < Grade 2: Anti-tumor therapies include chemotherapy, radiotherapy, anti-tumor steroid treatment, anti-tumor Chinese medicine treatment; investigational treatment including targeted small molecule drugs. Use of the moderate to strong CYP3A inhibitors, such as fluconazole, ketoconazole and clarithromycin, within 7 days or 5 half-lives (whichever is shorter) before the first dose of the study drug; or use of strong CYP3A inducers, such as rifampicin, carbamazepine, phenytoin, and St. John's wort, within 14 days before the first dose of the study drug. Failure to fully recover adequately from prior surgical procedures at the discretion of the investigator. Patients who receive a major surgery within 28 days prior to the first dose of the study drug or who receive a minor surgery (excluding biopsy) within 14 days prior to the initiation of the study Presence of significant cardiovascular diseases, such as symptomatic arrhythmia, congestive heart failure, myocardial infarction, or any New York Heart Association (NYHA) grade 3 or 4 cardiovascular disease within 6 months before study entry. Note: Patients with controlled, asymptomatic atrial fibrillation are allowed to participate in this study. A history of significant renal, neurological, psychiatric, pulmonary, endocrine, metabolic, immune, cardiovascular, or hepatic disease, which will have an adverse effect on the patient if he/she participates in the study, at the discretion of the investigator. Those requiring intervention for any of the above diseases in the past 6 months must be discussed by the investigator and the sponsor. Patients who require warfarin (potential drug-drug interactions may increase exposure to warfarin and related complications) or other anticoagulants or active hemorrhage occur within 2 months before study entry

Calendario

(Última actualización: 13/08/2026)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
18/02/2025	22/08/2025	No aportado	No aportado	No aportado

Fin de reclutamiento	Fin prematuro (España)	Fin prematuro (Global)	Fin del ensayo en España	Fin del ensayo global
No aportado	No aportado	No aportado	No aportado	No aportado

Promotor

Ascentage Pharma Group Inc. United States

700 King Farm Boulevard

Contact Person

Yifan Zhai,CMO

3015496188

yzhai@ascentage.com

Monetary support: N/A

Tipo de promotor: Comercial

Ceim

CEIm HM Hospitales

Avda. Montepríncipe, 25 28660 Boadilla del Monte

secretariaceic@mail.hmhospitales.com

917089900

Centros

No iniciado (--/--/----)

Complejo Hospitalario Universitario De Ourense

Ourense

OURENSE

Hematology

No iniciado (--/--/----)

Hospital Universitario Virgen De La Victoria

Malaga

MÁLAGA

Hematology

Activo (22/08/2026)

Institut Catala D´oncologia

Girona

GERONA

Hematology

No iniciado (--/--/----)

Parc Tauli Hospital Universitari

Sabadell

BARCELONA

Hematology

Medicamentos

Lisaftoclax
TABLET
ORAL

-

Principios Activos: N/A

Experimental

CHLORAMBUCIL
TABLET
ORAL

-

Principios Activos: N/A

Experimental

ACALABRUTINIB
FILM-COATED TABLET
ORAL

-

Principios Activos: N/A

Experimental

FLUDARABINE PHOSPHATE
POWDER FOR SOLUTION FOR INJECTION OR INFUSION
INTRAVENIOUS INFUSION

-

Principios Activos: N/A

Experimental

RITUXIMAB
SOLUTION FOR INFUSION
IV INFUSION

-

Principios Activos: N/A

Experimental

Lisaftoclax
TABLET
ORAL

-

Principios Activos: N/A

Experimental

RITUXIMAB
SOLUTION FOR INFUSION
IV INFUSION

-

Principios Activos: N/A

Experimental

CYCLOPHOSPHAMIDE MONOHYDRATE
POWDER FOR SOLUTION FOR INFUSION
INTRAVENIOUS INFUSION

-

Principios Activos: N/A

Experimental

Lisaftoclax
TABLET
ORAL

-

Principios Activos: N/A

Experimental

Sin resultados

A Worldwide Study Testing the New Drug Lisaftoclax for Patients with Newly Diagnosed Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (GLORA-2).

State	Type of participants	Age Ranges
Recruiting	Not provided	Older than 64 , Adults (18-64 years)
Gender	**Phases**	**Expected Participants**
Both	Phase III	215
Results	**Low level of intervention**	**Rare disease**
No results	No	No
Geographic coverage	**Areas of the study**	**Advanced therapy**
Undetermined	treatment, safety, effectiveness	NO

Information

Identifier
2024-514084-26-00 (CTIS)

Protocol Code
APG2575CC301

Therapeutic area
·Diseases [C] - Cancer [C04]
·Diseases [C] - Hemic and Lymphatic Diseases [C15]

Investigated Disease
Newly Diagnosed Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma

Scientific Title
A Global Multicenter, Open Label, Randomized Phase III Confirmatory Study of Lisaftoclax (APG-2575) in Combination with Acalabrutinib versus Immunochemotherapy in Patients with Newly Diagnosed Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (GLORA-2 Study)

Rationale

Not provided

Main Objective

To evaluate the progressionfree survival (PFS) of Lisaftoclax in combination with acalabrutinib versus immunochemotherapy in patients with chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) determinated by Independent Review Committee (IRC).

Primary Endpoints

IRC-assessed PFS: The time from randomization to PD or death from any cause, whichever occurs first.

Temporary moments of secondary assessment

Not provided

Secondary Objective

Key secondary objective: To compare the PFS of Lisaftoclax in combination with acalabrutinib versus immunochemotherapy in patients with CLL/SLL determinated by investigator assessments.
Other secondary objectives:To compare the overall survival (OS) of Lisaftoclax in combination with acalabrutinib versus immunochemotherapy in patients with CLL/SLL
To compare the efficacy of Lisaftoclax in combination with acalabrutinib versus immunochemotherapy in patients with CLL/SLL including overall response rate (ORR), time to response (TTR), and duration of response (DOR) determinated by IRC and investigators
To compare the efficacy of Lisaftoclax in combination with acalabrutinib versus immunochemotherapy in patients with CLL/SLL as measured by minimal residual disease (MRD) negativity rate in peripheral blood and/or bone marrow.
To evaluate the safety of Lisaftoclax in combination with acalabrutinib versus immunochemotherapy in patients with CLL/SLL.
To evaluate the population pharmacokinetic of Lisaftoclax in combination with acalabrutinib.

Secondary Endpoints

Key secondary endpoint: Investigator-assessed PFS: The time from randomization to PD or death from any cause, whichever occurs first.
Other secondary endpoints: OS: The time from randomization to death.
IRC- and investigator-assessed ORR: ORR includes complete response (CR), complete response with incomplete bone marrow recovery (CRi) or partial response (PR). CLL responsewill be assessed according to IWCLL NCI-WG guidelines (2018 Edition), and SLL response will be assessed according to Lugano 2014 criteria for response assessment in lymphoma.
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MRD negativity rate: Proportion of patients with MRD-negative result in bone marrow, peripheral blood, either or both.
Safety and tolerability of patients: Treatment emergent adverse events (TEAEs) and treatment related adverse events (TRAEs) will be evaluated.
Concentration data of Lisaftoclax and critical parameters of population pharmacokinetics.

Temporary moments of secondary assessment

Not provided

Inclusion criteria

Age 18 years Patients must be able to understand and voluntarily sign a written informed consentthat has been approved by the Ethics Committee (EC) before any screening or study-specific procedure Patients must be willing and able to complete study procedures and follow-up examinations Diagnosed with CLL/SLL based on IWCLL NCI-WG guidelines (2018 Edition) and indicating at least one of the criteria for treatment (see Appendix 14: Treatment Criteria). Measurable disease (peripheral blood lymphocyte 5 × 109/L, or enlargement of lymph nodes (baseline LDi 1.5 cm), or hepatomegaly or splenomegaly caused by CLL/SLL). Eastern Cooperative Oncology Group (ECOG) Performance Status score of 0 to 2 QT interval corrected using the Fridericia's formula (QTcF) on electrocardiogram (ECG): QTcF450 ms in males or 470 ms in females Adequate bone marrow function independent of growth factor support (no growth factor used within 7 days before the first dose of the study drug) and independent of blood transfusion (no whole blood transfusion or blood component transfusion supportive therapy within 7 days before the first dose of the study drug) as follows: Absolute neutrophil count (ANC) 1.0 × 109/L (ANC 0.5 × 109/L specified in patients with bone marrow involvement of CLL/SLL) Platelet count 50 × 109/L; Hemoglobin 8.0 g/dL. Adequate hepatic, renal, and coagulation functions as follows: Aspartate aminotransferase (AST) and alanine aminotransferase (ALT) 3.0 × Upper Limit of Normal (ULN), serum total bilirubin 1.5 × ULN; Serum creatinine 1.5 × ULN. If serum creatinine > 1.5 × ULN, creatinine clearance (CrCL) must be 50 mL/min; International normalized ratio (INR), activated partial thromboplastin time (APTT), and prothrombin time (PT) 1.5 × ULN. Males and females of childbearing potential (only postmenopausal women who have not menstruated for at least 12 months or those surgically sterilized can be considered infertile) and their partners voluntarily take effective contraceptive measures throughout the treatment period and at least 3 months after the last dose of the study drug. Male patients must avoid sperm donation from the first dose of the study drug to three months after the last dose of the study drug. Female patients of childbearing potential have negative serum pregnancy test results within approximately 14 days prior to the first dose of the study drug. If the serum pregnancy test results available are > 7 days from the first dose, urine pregnancy test results before the first dose of the study drug must be negative.

Exclusion criteria

Any previous CLL/SLL-specific treatments (excluding corticosteroids for necessary immediate intervention; only a maximum daily equivalent dose of prednisone less than or equal to 20 mg is allowed within 10 days before starting the study treatment). Known to have hypersensitivity to ingredients or analogues of drugs used in the study Pregnant or lactating female patients and patients who are expected to become pregnant during the study period or within 3 months after the last dose. Patients who have history of other active malignant tumor other than CLL/SLL within 3 years before study entry, except for: Adequately treated carcinoma in situ of cervix uteri Completely resected basal cell carcinoma of the skin or localized squamous cell carcinoma of the skin Confinement and resection of previously cured malignancies (or other treatments). Note: If patients stopped antitumor treatment for 3 years and there was no

tumor recurrence for 3 years prior to joining the study, these patients could be enrolled. Malabsorption syndrome or other conditions not suitable for enteral administration. Other clinically significant uncontrolled symptoms, including but not limited to: uncontrolled active systemic infection (virus, bacteria or fungi), known clinically active hepatitis B or C, or HIV infection. Primary active autoimmune and connective tissue diseases, such as active and uncontrolled primary autoimmune cytopenia, including autoimmune hemolytic anemia (AIHA) and primary immune thrombocytopenia (ITP). Any other condition or circumstance that would, at the discretion of the investigator, make the patient unsuitable for the study. TP53 mutation or del (17p). Transformation to invasive Non-Hodgkins lymphoma (e.g., Richters transformation, prolymphocytic leukaemia or diffuse large B-cell lymphoma) or leukaemia involving the central nervous system. If Richters transformation is suspected, PET-CT or biopsy should be performed to rule it out. Use of any of the following treatments within 14 days or 5 half-lives before the first dose of the study drug, or clinically significant adverse reactions/toxicities that are related to previous treatments not recovered to < Grade 2: Anti-tumor therapies include chemotherapy, radiotherapy, anti-tumor steroid treatment, anti-tumor Chinese medicine treatment; investigational treatment including targeted small molecule drugs. Use of the moderate to strong CYP3A inhibitors, such as fluconazole, ketoconazole and clarithromycin, within 7 days or 5 half-lives (whichever is shorter) before the first dose of the study drug; or use of strong CYP3A inducers, such as rifampicin, carbamazepine, phenytoin, and St. John's wort, within 14 days before the first dose of the study drug. Failure to fully recover adequately from prior surgical procedures at the discretion of the investigator. Patients who receive a major surgery within 28 days prior to the first dose of the study drug or who receive a minor surgery (excluding biopsy) within 14 days prior to the initiation of the study Presence of significant cardiovascular diseases, such as symptomatic arrhythmia, congestive heart failure, myocardial infarction, or any New York Heart Association (NYHA) grade 3 or 4 cardiovascular disease within 6 months before study entry. Note: Patients with controlled, asymptomatic atrial fibrillation are allowed to participate in this study. A history of significant renal, neurological, psychiatric, pulmonary, endocrine, metabolic, immune, cardiovascular, or hepatic disease, which will have an adverse effect on the patient if he/she participates in the study, at the discretion of the investigator. Those requiring intervention for any of the above diseases in the past 6 months must be discussed by the investigator and the sponsor. Patients who require warfarin (potential drug-drug interactions may increase exposure to warfarin and related complications) or other anticoagulants or active hemorrhage occur within 2 months before study entry

Calendar

(Last Update: 13/08/2026)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
18/02/2025	22/08/2025	Not aported	Not aported	Not aported

End of recruitment	Premature end (Spain)	Premature End (Global)	Trial end (Spain)	Trial end (Global)
Not aported	Not aported	Not aported	Not aported	Not aported

Sponsor

Ascentage Pharma Group Inc. United States

700 King Farm Boulevard

Contact Person

Yifan Zhai,CMO

3015496188

yzhai@ascentage.com

Monetary support: N/A

Sponsor type: Commercial

Ceim

CEIm HM Hospitales

Avda. Montepríncipe, 25 28660 Boadilla del Monte

secretariaceic@mail.hmhospitales.com

917089900

Sites

not initialized (--/--/----)

Complejo Hospitalario Universitario De Ourense

Ourense

OURENSE

Hematology

not initialized (--/--/----)

Hospital Universitario Virgen De La Victoria

Malaga

MÁLAGA

Hematology

Active (22/08/2026)

Institut Catala D´oncologia

Girona

GERONA

Hematology

not initialized (--/--/----)

Parc Tauli Hospital Universitari

Sabadell

BARCELONA

Hematology

Medication

Lisaftoclax
TABLET
ORAL

-
Active Principles: N/A
Experimental

CHLORAMBUCIL
TABLET
ORAL

-
Active Principles: N/A
Experimental

ACALABRUTINIB
FILM-COATED TABLET
ORAL

-
Active Principles: N/A
Experimental

FLUDARABINE PHOSPHATE
POWDER FOR SOLUTION FOR INJECTION OR INFUSION
INTRAVENIOUS INFUSION

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Active Principles: N/A
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RITUXIMAB
SOLUTION FOR INFUSION
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SOLUTION FOR INFUSION
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CYCLOPHOSPHAMIDE MONOHYDRATE
POWDER FOR SOLUTION FOR INFUSION
INTRAVENIOUS INFUSION

-
Active Principles: N/A
Experimental

Lisaftoclax
TABLET
ORAL

-

Active Principles: N/A

Experimental

No results